



CITY OF STOCKTON CHILDREN'S MUSEUM



Summer Day Camp 2004 Permission Slip/Medical Release Form

CHILD'S NAME _____ DOB _____ AGE _____ CAMP # _____ # _____ # _____ # _____ # _____ # _____ # _____

PARENT'S
NAME _____ ADDRESS _____ CITY _____ ZIP _____

WORK # _____ HOME # _____ CELL# _____

EMERGENCY CONTACT: NAME _____ RELATIONSHIP _____

WORK # _____ HOME # _____ CELL# _____

INSURANCE CARRIER _____ ID# _____

Children must be signed in/out daily by an adult listed below. Please list all persons authorized to sign child in/out of camp.

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

I understand and agree to abide by the operation rules as set down by the Stockton Parks and Recreation Commission. I further agree to hold the Stockton Parks and Recreation Commission, it's members, it's officers and operation committees thereof, the City of Stockton, County of San Joaquin, Zion Lutheran Church, Stockton Rod and Gun Club, Stockton, Lincoln, Lodi and Manteca Unified School districts, San Joaquin Delta College, bus transportation lines, the staff and other participants, free and harmless from any and all liability whatsoever arising from my child's participation in this activity. My signature authorizes the City of Stockton, Parks and Recreation Director to use photograph or similar likeness or image of myself or the child named on this form in any future advertisement or promotion of the City of Stockton Parks and Recreation Department. Further, my signature authorizes my child to be treated by the first available medical facility and physician should the need arise and my signature authorizes emergency contact listed above to pick up my child from the program and make decisions regarding my child if I am not available.

PARENT/GUARDIAN SIGNATURE _____ DATE _____ DAYTIME PHONE: _____

Is the child allergic to any medication or foods? If yes, please list _____

Campers must be able to monitor and administer their own medication at camp. Is your child taking any medication? ☐ Yes ☐ No

If yes, please list: _____

Reason for medication: _____ Times: _____ Dosage: _____

Parents will need to have transportation available to pick up their child at camp for violation of any camp regulations at all times.